NO FICE OF APPEAL FROM THE EXAMINER TO THE	Docket Number (Optional)
BOARD OF PATENT APPEALS AND INTERFERENCES	53689-5013CT1
	(206312)
I hereby certify that this correspondence is being deposited	In re Application of:
with the United States Postal Service with sufficient postages	Thomas Maciag, et al
as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA	Application Number: 10/786,223
22313-1450" [37 CFR 1.8(a)]	Filed: February 23, 2004
on October 12, 2007	
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Signature Ousa L. Harnes	TRADITIONAL PRO-INFLAMMATORY
,	CYTOKINE EXPORT AND METHODS,
	COMPOSITIONS AND KITS RELATING
·	THERETO
Typed or printed name: Lisa R. Haines	Art Unit: 1647 Examiner: Woodward, Cherie Michelle
Applicant(s) hereby appeal(s) to the Board of Patent Appeals a	
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The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))	\$ <u>510.00</u>
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☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above	
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☐ A petition and fee of for an additional three (3) months extension of time under 37 CFR 1.136(a)	
(PTO/SB/22) is enclosed.	
I am the	\sim
□ applicant/inventor	
	Signature:
☐ assignee of record of the entire interest.	Typed or printed name: Thomas M. Søssong, Jr., Ph.D., J.D.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is	Ç.
Enclosed. (Form PTO/SB/96)	8 ·
Matternay of each of record	Telephone Number: 215-088-2562
Registration Number: 48 463	Telephone Number: 215-988-2562
Registration (validor, 40,405	10 ceptione 14 dimeer: <u>213-300-2302</u>
attorney or agent acting under 37 CFR 1.34.	Date: October 12, 2007
Registration number if acting under 37 CFR 1.34:	8
■ attorney of agent of record. Registration Number: 48,463 □ attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34: NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.	
Submit multiple forms if more than one signature is required, see below.*	
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